

United States Bankruptcy Court

Eastern District of Pennsylvania

In re: JAMES THOMAS MC COOE : Case No.: 17-15738REF

:

James Thomas Mc Cooe

: CERTIFICATION OF BUSINESS DEBTOR  
REGARDING MONTHLY EPORT

I, James Thomas Mc Cooe, being of full age and duly sworn upon my oath, depose(s) and say(s):

1. I am the business Debtor(s) in the above referenced matter.
2. I have completed and attached a Monthly Financial Report for the month of June & July 2018.
3. All of the information in the Monthly Financial Report is complete, true and correct to the best of my knowledge, information and belief.

This certification and all attachments shall be filed with the Clerk of the United States Bankruptcy Court, the United States Trustee and the Chapter 13 Standing Trustee in accordance with Section 1304 and Section 704(8) of the United States Bankruptcy Code.

Date:

7/23/18

  
Debtor

Date:

\_\_\_\_\_

Debtor

IN THE MATTER OF:

James Thomas McCooe

Case No. 17-15738-ref

PETITION FILED: 8-25-17

MONTHLY REPORT NO. 10

DEBTOR IN POSSESSION

MONTH ENDED

7/23/18

ALL ITEMS MUST BE ANSWERED USING "NONE" OR N/A WHERE APPROPRIATE

CHAPTER 13 MONTHLY REPORT FOR INDIVIDUALS ENGAGED IN BUSINESS

1. Cash on Hand (on filing date, or thereafter, from prior reporting period) 278.50

2. Receipts during Report Period:

- a. Salary and Commissions
- b. Interest or Dividend Income
- c. Real Estate Rental
- d. Other (Describe-Schedule A)

TOTAL RECEIPTS

16,313.89

N/A

N/A

N/A

16,344.76

3. Disbursements:

- a. Taxes – IRS
- b. Taxes-State, including any sales tax due
- c. Taxes- Real Estate
- d. Taxes- Other
- e. Utilities
- f. Mortgage(s) or Rent(s)
- g. Insurance premiums (list type)
- h. Food
- i. Medical
- j. Car loan
- k. Automobile expenses

N/A

N/A

N/A

N/A

527.00

2800.00

Auto 383, 65 - Liability 9000

N/A

N/A

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1. Clothing

NA

m. Gifts – donations (Schedule B)

NA

n. Tuitions (Schedule B)

NA

o. Other (Describe)

NA

**TOTAL DISBURSEMENTS**

4. Balance at end of reporting period [ (1-2) – 3] 359.63

5. Are you paying all your debts (post filing) as they are incurred? If not, list outstanding obligations and amounts due at end of current period on Schedule C.

6. Is all insurance paid up-to-date? YES

**Debtor in Possession Checking Account(s):**

NAME, LOCATION AND NUMBER(S) Wells Fargo

BRANCH Easton

**Debtor in Possession Savings Account(s) and Investments, including IRA's, Keogh, Pension:**

DESCRIBE: \_\_\_\_\_

BRANCH: \_\_\_\_\_

**SCHEDULE A**

(2)(d) Other:

**SCHEDULE B**

Gifts – donations/Name(s) of recipient(s):

Tuition(s) list name and school(s):

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SCHEDULE C

Outstanding obligations: (List payee and date incurred)

I DECLARE THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I FURTHER CERTIFY THAT ALL TAX REPORTS OR RETURNS WHICH BECAME DUE DURING THE REPORTING PERIOD HAVE BEEN FILED AND ALL REQUIRED PAYMENTS MADE.

James McCauley

7/23/18